
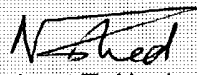



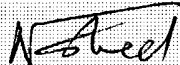
<b>Issue Classification</b> 	Application No.	Applicant(s)	
	09/905,666	GIVER ET AL.	
	Examiner	Art Unit	
	Nashaat T. Nashed, Ph. D.	1652	

ISSUE CLASSIFICATION											
ORIGINAL					CROSS REFERENCE(S)						
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
435		198			435	197	196	195			
INTERNATIONAL CLASSIFICATION											
C	1	2	N	9/20							
				/							
				/							
				/							
				/							
					<div style="text-align: center;">   Nashaat T. Nashed, Ph. D.  5/14/09 </div>					Total Claims Allowed: 31	
(Assistant Examiner) (Date)					(Primary Examiner) (Date)					O.G. Print Claim(s) 1	O.G. Print Fig. None
(Legal Instruments Examiner) (Date)											

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
	1		31		61		121		20
	2		32		62		122		182
	3		33		63		123		183
	4		34		64		124		184
	5		35		65		125		185
	6		36		66		126		186
	7		37		67		127		187
	8		38		68		128		188
	9		39		69		129		25
	10		40		70		130		190
	11		41		71	18	131		191
	12		42	9	72		132		192
	13		43		73		133		193
	14		44	10	74	19	134		194
	15		45	11	75		135		195
	16		46	12	76		136		196
	17		47	12	77		137		197
1	18		48	14	78		138		198
	19	3	49	15	79		139		199
2	20		50		80		140		200
	21		51	16	81		141		201
	22	4	52		82		142		202
	23	5	53	17	83		143		203
	24		54		84		144		204
	25	6	55		85		145		205
	26	7	56		86		146		206
	27		57		87		147		207
	28	8	58		88		148		208
	29		59		89		149		209
	30		60		90		150		210

<b>Issue Classification</b> 	Application No.	Applicant(s)	
	09/905,666	GIVER ET AL.	
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	Nashaat T. Nashed, Ph. D.	1652	

ISSUE CLASSIFICATION										
ORIGINAL					CROSS REFERENCE(S)					
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INTERNATIONAL CLASSIFICATION										
C	1	2	N	9/20						
				/						
				/						
				/						
				/						

_____ (Assistant Examiner) (Date)		 Nashaat T. Nashed, Ph. D. 5/14/04	Total Claims Allowed: 31	
_____ (Legal Instruments Examiner) (Date)			O.G. Print Claim(s) 1	O.G. Print Fig. None

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant												<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
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22	212		242		272		302		332		362		392				
23	213		243		273		303		333		363		393				
24	214		244		274		304		334		364		394				
26	215		245		275		305		335		365		395				
27	216		246		276		306		336		366		396				
28	217		247		277		307		337		367		397				
29	218		248		278		308		338		368		398				
30	219		249		279		309		339		369		399				
31	220		250		280		310		340		370		400				
	221		251		281		311		341		371		401				
	222		252		282		312		342		372		402				
	223		253		283		313		343		373		403				
	224		254		284		314		344		374		404				
	225		255		285		315		345		375		405				
	226		256		286		316		346		376		406				
	227		257		287		317		347		377		407				
	228		258		288		318		348		378		408				
	229		259		289		319		349		379		409				
	230		260		290		320		350		380		410				
	231		261		291		321		351		381		411				
	232		262		292		322		352		382		412				
	233		263		293		323		353		383		413				
	234		264		294		324		354		384		414				
	235		265		295		325		355		385		415				
	236		266		296		326		356		386		416				
	237		267		297		327		357		387		417				
	238		268		298		328		358		388		418				
	239		269		299		329		359		389		419				
	240		270		300		330		360		390		420				